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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/764,413
Filing Date	01/23/2004
First Named Inventor	Akiko Yanagita
Group Art Unit	2609
Examiner Name	Katrina R. Fujita
Attorney Docket Number	47539.33

Total Number of Pages in This Submission

20

**ENCLOSURES (check all that apply)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Deposit Account 07-1850 Authorization                              | <input type="checkbox"/> Assignment Papers (for an Application)                              | <input type="checkbox"/> After Allowance Communication to Group                            |
| <input checked="" type="checkbox"/> Postage Paid Return Postcard                            | <input type="checkbox"/> Drawings Formal ____ Sheets with Submission of Drawings Transmittal | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
| <input checked="" type="checkbox"/> Response to Office Action (17 pages)                    | <input type="checkbox"/> Licensing-related Papers  | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input checked="" type="checkbox"/> Amendment Transmittal Letter (in duplicate)             | <input type="checkbox"/> Petition  | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)  | <input type="checkbox"/> Petition to Convert to a Provisional Application                    | <input type="checkbox"/> Request for Status of Application                                 |
| <input type="checkbox"/> Petition for Extension of Time (in duplicate)                      | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address      | <input type="checkbox"/> Other Enclosure(s) (please identify below):                       |
| <input type="checkbox"/> Information Disclosure Statement with Form PTO-1449 and References | <input type="checkbox"/> Terminal Disclaimer   |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)                             | <input type="checkbox"/> Request for Refund  |  |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application                   | <input type="checkbox"/> CD, Number of CD(s)   |  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53                | Remarks  |  |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Squire, Sanders & Dempsey L.L.P. Cameron K. Kerrigan, Reg. No.: 44,826
Signature	
Date	July 11, 2007

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date below.

Typed or printed name	Mary M. Padilla		
Signature		Date	July 11, 2007

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**AMENDMENT TRANSMITTAL LETTER (Large Entity)**

Applicant(s): Akiko Yanagita et al.

Docket No.

47539.33

Serial No.

10/764,413

Filing Date

January 23, 2004

Examiner

Katrina R. Fujita

Group Art Unit

2609

Invention:

Medical Image Processing System and Method for Processing Medical Image

**TO THE COMMISSIONER FOR PATENTS:**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as show below.

**CLAIMS AS AMENDED**

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	43	45	0	X \$50.00	\$00.00
INDEP. CLAIMS	3	3	0	X \$200.00	\$00.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$00.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$00.00

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. **07-1850** in the amount of \$  
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of any necessary fees associated with this communication or credit any overpayment to Deposit Account No. **07-1850**  
A duplicate copy of this sheet is enclosed.
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application processing fees under 37 C.F.R. 1.17.


Dated: July 11, 2007

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